

Submitter :

Date: 10/29/2007

Organization : Michigan Medical Services Administration

Category : State Government

Issue Areas/Comments

GENERAL

GENERAL

"Sec Attachment"

CMS-2287-P-439-Attach-1.PDF



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

October 23, 2007

Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-2287-P
Mail Stop S3-14-22
7500 Security Boulevard
Baltimore, MD 21244

RE: CMS 2287-P; Comments on Proposed Rule Medicaid Program;
Elimination of Reimbursement under Medicaid for School Administration Expenditures and Costs
Related to Transportation of School-Age Children between Home and School

The Michigan Department of Community Health (MDCH), Medical Services Administration respectfully submits this comment document regarding proposed federal rule CMS-2287-P.

Michigan strongly objects to a reference item in the August 31, 2007 Medicaid Fact Sheet announcing these proposed regulations. In this document, Michigan administrative expenditures are cited as an example of questionable claims under the Medicaid Program. The report references review of one quarter ending in September, 1998, over 9 years ago. The Fact Sheet does not acknowledge that CMS did not issue a Technical Assistance Guide until August 1997, after many of the initial programs were already approved. The detailed Medicaid School-Based Administrative Claiming Guide was not released until May 2003. Furthermore, the Fact Sheet does not include notice that CMS now recognizes that Michigan's revised Administrative Outreach Program operates under the highest standards and is a model for quality and excellence.

Elimination of FFP for the Cost of Transportation from Home to School and Back

Michigan believes Medicaid coverage is appropriate due to the fact that the child is being transported to a recognized Medicaid provider for Medicaid covered services. Also, coverage is limited to specialized transportation in a handicapped-equipped, specially adapted vehicle for wheelchairs and other special medical equipment. It is only provided for children when the need for specialized transportation is identified in an IEP/IFSP. It is not transportation provided on a regular school bus.

The proposed regulations state, "Students receive transportation from home to school and back regardless of whether or not they are determined eligible for special education services." This is an inappropriate and unfair comparison of specialized transportation services for children with significant medical health problems and traditional student bus transportation.

In Michigan, no specialized transportation services can be billed to Medicaid unless all of the following criteria are met; 1) the child must be Medicaid eligible, 2) the child must be special education eligible, 3) the service must be medically necessary, 4) the service must be provided on a special education specialized bus, 5) the service must be documented in the IEP/IFSP and, 6) the service must be on the same date that a Medicaid covered service is received. Specialized medical transportation is highly restrictive and regulated for Medicaid coverage.

The Medicare Catastrophic Coverage Act precludes the Secretary from denying FFP for Medicaid covered services because they are part of an IEP/IFSP. Transportation is a Medicaid covered service and should not be excluded from receiving federal matching funds.

The proposed regulations indicate that transportation is not appropriate coverage because beneficiaries participate in other activities in addition to receiving Medicaid covered services. Medicaid policy regarding any type of medical transportation does not restrict the beneficiary from participating in any other activities before returning home from the place of treatment. It is unreasonable to apply this judgmental statement only to specialized medical transportation provided by schools

CMS is requiring all states to move school based services programs to the EPSDT Program coverage section of the state plan, including transportation. Will the proposed regulations apply to transportation services provided under EPSDT as well?

Elimination of FFP for School-based Administrative Outreach Services

CMS must explain what statutory test was used to determine that school based services are not necessary for the "proper and efficient" administration of the Medicaid Program. The CMS technical assistance guide published in 1997 states that, "schools present a wonderful opportunity for Medicaid outreach". The fact that Medicaid is able to provide outreach to the majority of children in one setting is both cost effective and a most efficient care delivery mechanism. Schools are a primary outreach setting. Without an effective school based outreach program, many children would not be linked to Medicaid eligibility and necessary medical care and services.

In addition, please advise what criteria are being used to determine if a cost is "proper and efficient". Are states to continue to use OMB A-87 and A-21 guidance? If CMS is using the OMB A-87 test for reasonable and allocable costs, it is clear that services meet the test criteria and should be allowed.

The regulations state that this does not bring into question the legitimacy of the outreach activities or the appropriateness of the setting but rather alleges inconsistent application of the Medicaid requirements by schools. This is unfair and does not acknowledge the minimal guidance received by the States during the development of their initial State Plans for these services. Since then, CMS has been rigorous in auditing and revising the Outreach program methodologies. Michigan's revised program has been highly scrutinized by CMS and there is solid evidence that it accurately measures the activities provided in the school setting in support of the Medicaid program.

Reference is also made to overlapping Medicaid activities with educational activities. The majority of states now perform Random Moment Time Studies (RMTS) to identify properly covered activities and allocate the administrative cost between what is educational and what is Medicaid-related. To infer that only the school based allocation methodology is invalid while CMS permits similar allocation procedures for various other programs, can only be viewed as an assault against this program.

CMS states in the proposed regulations that they are rejecting coverage because "these activities cannot be adequately regulated or overseen." CMS has imposed the most stringent requirements in their mandate for states to develop new programs. Michigan worked closely with CMS staff throughout every step in the development process and an independent review verified proper operation of the program. We can assure CMS that administrative programs are highly regulated and monitored. CMS should address what additional oversight and monitoring are required rather than simply eliminating the program.

We request that CMS reconsider the language mandating that FFP is only available for administrative activities in support of the Medicaid program if they are conducted by either state or local Medicaid agency employees. There is no legal basis for this mandate and it is not applied to administrative outreach activities performed in other settings. Furthermore, Michigan does not have the financial resources or the legislative support to expand the number of state employees to assume these administrative functions.

Regulatory Impact Statement

Although CMS indicates that the impact on the local school districts is not "significant" (annual impact of over 3 to 5 % on small entities), the impact on Michigan school districts is substantial. Due to Michigan's ongoing economic crisis, school districts continue to struggle with severe budget issues and their ability to maintain services to medically fragile students.

If there are legitimate issues regarding oversight and monitoring or inconsistent application of the Medicaid requirements for school based service programs, CMS should continue to work with states to correct them. Many states, like Michigan have spent several years and invested significant expenditures to create new outreach programs approved by CMS. The new, revised state programs now in place document that earlier problems with the operation of administrative outreach programs have been successfully resolved in these states. CMS should acknowledge this fact and rescind the proposed regulations at this time.

We appreciate your review and consideration of Michigan's comments and concerns regarding this proposed rule. The Michigan Department of Community Health, Medical Services Administration strongly objects to any revisions that would eliminate Medicaid coverage in the school setting as established under Federal law.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Reinhart". The signature is written in a cursive, flowing style.

Paul Reinhart, Director
Medical Services Administration

Submitter : Dr. Robert Marra

Date: 10/29/2007

Organization : Indiana Dept of Ed, Div of Exceptional Learners

Category : State Government

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-2287-P-440-Attach-1.DOC

Indiana Department of Education Draft Comments on Proposed Rule 2287-P
October 29, 2007

The Indiana Department of Education adamantly opposes CMS Rule 2287-P, which proposes cutting Medicaid reimbursement for legitimate and desperately needed school-based services. We recognize that CMS must address inappropriate claiming on the part of some school districts. However, rather than eliminate federal financial participation for costs of effective activities that serve Medicaid-eligible students in the very location where they and their families can be reached most efficiently, we urge CMS to use its rulemaking authority in a more constructive manner: to define clear guidance, criteria and limitations specifically for claiming federal financial participation in the allowable costs of schools' Medicaid administrative activities. Schools question the usefulness of the Administration's previously published guidance,¹ given varying interpretations from one CMS region to another and state to state differences in what CMS allows. Furthermore, input and questions from schools and other federal, state and local agencies were not addressed in the 2003 guide developed by CMS.

If CMS were to eliminate funding for every type of service, activity or delivery system where it identifies inappropriate or even abusive claiming practices by some providers, funds would no longer be available for any benefits under the Medicaid program today. Having carefully scrutinized claims for school-based services, CMS is now in a better position than ever to establish regulations to ensure proper claiming and support the key role schools play in identifying Medicaid-eligible children, promoting access to Medicaid services available in their communities and arranging or delivering needed care.

Historically, Congress and the federal government have encouraged Medicaid to share in schools' costs for meeting the medical needs of students with disabilities.² As indicated by bills and amendments before the last and current Congress,³ it is vital that Medicaid also share in schools' costs to assist the growing numbers of uninsured and underserved school-age children whose lack of access to basic health care significantly impedes learning. To accomplish their educational mission, schools across the country are establishing coordinated school health programs,⁴ as well as providing Medicaid outreach, informing and enrollment assistance to address unmet needs of school children who are under increasing pressure to achieve academically. In addition to thousands of impoverished students who come to school each day with untreated medical, dental and mental health conditions, school-age children and teens in the U.S. are increasingly affected by obesity (1 in 5 children), tobacco and alcohol use, pregnancy (every 60 seconds a child is born to a teen mother), and suicide (every 4 hours a child in the U.S. commits suicide).

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program for Medicaid recipients ages 0-21 years requires states to perform EPSDT outreach and informing, as well as

¹ Elicia J. Herz, "The Link Between Medicaid and the Individuals with Disabilities Education Act (IDEA): Recent History and Current Issues," CRS Report to Congress, 3/9/2006

² Medicare Catastrophic Coverage Act of 1988 (Public Law 100-360) and *Medicaid and School Health: A Technical Assistance Guide, August 1997* (CMS, 1997)

³ Protecting Children's Health in Schools Act of 2006 (SB3705, HR5834) and 2007 (SB578, HR 1017).

⁴ *Health Is Academic, A Guide to Coordinated School Health Programs*, editors Marx, Wooley and Northrop, New York, Teachers College Press, 1998

help Medicaid-eligible children and their families access EPSDT services. As CMS is well aware, its *State Medicaid Manual* not only encourages state Medicaid agencies to coordinate EPSDT administrative activities with “school health programs of State and local education agencies,” but also states that, “Federal financial participation (FFP) is available to cover the costs to public agencies of providing direct support to the Medicaid agency in administering the EPSDT program.”⁵

Federal financial participation in the costs of outreach, informing, and care coordination is available to all public entities performing such activities on behalf of the Medicaid program. Cutting funding for these activities in the school setting is not sound fiscal or social policy. Fifty-three million students attend more than 116,000 schools every school day,⁶ uniquely situating our nation’s schools to reach efficiently and assist effectively the majority of disadvantaged youth and their families. As noted in the National School Board Association’s July 7, 2006 letter to U.S. Secretary of Health and Human Services Michael Leavitt, if implemented the proposed cuts “would substantially increase the burden on already financially-strapped local school districts to cover these costs, despite the fact that they are entitled to this reimbursement under law.”

The Medicare Catastrophic Coverage Act of 1988 expressly allows Medicaid to reimburse school districts for state plan covered services, including transportation, that schools provide pursuant to the Individualized Education Programs of Medicaid-eligible children with disabilities. We agree with the NSBA that a rule to prohibit schools from claiming administrative and transportation expenses would not only contradict existing law but also circumvent Congressional intent.

Contrary to the current HHS Secretary’s statement “that general school-based administrative activities are not necessary for the proper and efficient administration of the State plan,” extensive interviews with state education and Medicaid agency staff from across the country reveal multiple examples of successful school-based Medicaid and SCHIP outreach strategies ranging from free meal application inserts to exhibits at school functions. These interviews with state Medicaid and education agency staff form the basis for a report published by the Council of Chief State School Officers, which concludes that school-based outreach and enrollment are indeed effective. Underscoring the validity of its findings, CCSSO quoted remarks by former U.S. Secretary of Health and Human Services Tommy Thompson to the White House Summit on Early Cognitive Development, “Health care belongs at the heart of a comprehensive approach toward early [learning.] One of the best ways we can foster a child’s cognitive development is to make certain that child has access to medical care.”

The National Association of State Medicaid Directors and American Public Human Services Association reiterated this premise in a joint letter to HHS Secretary Leavitt asserting, “States also believe that interagency efforts are vital to the goal of coordinating care, particularly in the early identification of child health needs. As a result, state Medicaid directors wish to work with you to ensure that any reform of school-based administration or transportation services does not

⁵ Centers for Medicare and Medicaid Services, *State Medicaid Manual*, Section 5230 and 5230.2.A.

⁶ Council of Chief State School Officers, *Building Bridges to Healthy Kids and Better Students, School-based Outreach and Enrollment for SCHIP and Medicaid*, <http://www.ccsso.org/content/pdfs/buildingbridges.pdf>

prohibit appropriate reimbursement to states for health care services provided in the educational setting.”

Congressional Committee Chairs have also urged Secretary Leavitt not to prohibit appropriate reimbursement for school-based administrative activities. A July 27, 2007 letter from Senator Kennedy and Representatives Miller and Kildee states Congress is “trying to rectify six years of under-funding of our nation’s schools,” and the proposed cuts would further limit schools’ resources to achieve the administration’s stated goal of ensuring that all children in the U.S. receive the education they need to succeed in life.

Indiana is proud of its unique school-based Medicaid administrative claiming proposal, which recently received praise from CMS central and regional office reviewers who said they hope to hold it out as a model for other states. Indiana looks forward to demonstrating that school-based administrative claiming can be conducted appropriately, as intended by Congress, and within the limitations established by the Administration. Matching funds claimed by Indiana schools will be used to support expansion and ongoing sustainability of school-based clinics operated by a local non-profit that relies on grant funds and donated resources from local health care and charitable foundation partners. Why are schools willing to donate their federal Medicaid administrative match dollars for this purpose? Because schools recognize that health care access for students is fundamental to academic success.

In its 2003 Medicaid School-based Administrative Claiming Guide, CMS itself confirmed that “the school setting provides a unique opportunity to enroll... and to assist” Medicaid-eligible children “access the benefits available to them.” In the Introduction to the Guide, CMS acknowledges, “Contemporary schools are engaged in a variety of activities” to carry out their mission to “help ensure that students come to school healthy...ready to learn [and ready to] benefit from instructional services.”

Schools and communities across the U.S. are highly invested in helping students achieve to their fullest potential. We urge the Centers for Medicare and Medicaid Services to continue investing federal matching funds in efficient and effective school-based Medicaid administrative activities and state plan-covered transportation services.

Respectfully submitted,

Dr. Robert A. Marra, Associate Superintendent, Division of Exceptional Learners
Indiana Department of Education

Submitter : Mr. John Hill

Date: 10/29/2007

Organization : Div of Exceptional Learners, IN Dept of Education

Category : State Government

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2287-P-441-Attach-1.DOC

The Indiana Department of Education adamantly opposes CMS Rule 2287-P, which proposes cutting Medicaid reimbursement for legitimate and desperately needed school-based services. We recognize that CMS must address inappropriate claiming on the part of some school districts. However, rather than eliminate federal financial participation for costs of effective activities that serve Medicaid-eligible students in the very location where they and their families can be reached most efficiently, we urge CMS to use its rulemaking authority in a more constructive manner: to define clear guidance, criteria and limitations specifically for claiming federal financial participation in the allowable costs of schools' Medicaid administrative activities. Schools question the usefulness of the Administration's previously published guidance,¹ given varying interpretations from one CMS region to another and state to state differences in what CMS allows. Furthermore, input and questions from schools and other federal, state and local agencies were not addressed in the 2003 guide developed by CMS.

If CMS were to eliminate funding for every type of service, activity or delivery system where it identifies inappropriate or even abusive claiming practices by some providers, funds would no longer be available for any benefits under the Medicaid program today. Having carefully scrutinized claims for school-based services, CMS is now in a better position than ever to establish regulations to ensure proper claiming and support the key role schools play in identifying Medicaid-eligible children, promoting access to Medicaid services available in their communities and arranging or delivering needed care.

Historically, Congress and the federal government have encouraged Medicaid to share in schools' costs for meeting the medical needs of students with disabilities.² As indicated by bills and amendments before the last and current Congress,³ it is vital that Medicaid also share in schools' costs to assist the growing numbers of uninsured and underserved school-age children whose lack of access to basic health care significantly impedes learning. To accomplish their educational mission, schools across the country are establishing coordinated school health programs,⁴ as well as providing Medicaid outreach, informing and enrollment assistance to address unmet needs of school children who are under increasing pressure to achieve academically. In addition to thousands of impoverished students who come to school each day with untreated medical, dental and mental health conditions, school-age children and teens in the U.S. are increasingly affected by obesity (1 in 5 children), tobacco and alcohol use, pregnancy (every 60 seconds a child is born to a teen mother), and suicide (every 4 hours a child in the U.S. commits suicide).

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Contrary to the current HHS Secretary’s statement “that general school-based administrative activities are not necessary for the proper and efficient administration of the State plan,” extensive interviews with state education and Medicaid agency staff from across the country reveal multiple examples of successful school-based Medicaid and SCHIP outreach strategies ranging from free meal application inserts to exhibits at school functions. These interviews with state Medicaid and education agency staff form the basis for a report published by the Council of Chief State School Officers, which concludes that school-based outreach and enrollment are indeed effective. Underscoring the validity of its findings, CCSSO quoted remarks by former U.S. Secretary of Health and Human Services Tommy Thompson to the White House Summit on Early Cognitive Development, “Health care belongs at the heart of a comprehensive approach toward early [learning.] One of the best ways we can foster a child’s cognitive development is to make certain that child has access to medical care.”

The National Association of State Medicaid Directors and American Public Human Services Association reiterated this premise in a joint letter to HHS Secretary Leavitt asserting, “States also believe that interagency efforts are vital to the goal of coordinating care, particularly in the early identification of child health needs. As a result, state Medicaid directors wish to work with you to ensure that any reform of school-based administration or transportation services does not prohibit appropriate reimbursement to states for health care services provided in the educational setting.”

⁵ Centers for Medicare and Medicaid Services, *State Medicaid Manual*, Section 5230 and 5230.2.A.

⁶ Council of Chief State School Officers, *Building Bridges to Healthy Kids and Better Students, School-based Outreach and Enrollment for SCHIP and Medicaid*, <http://www.ccsso.org/content/pdfs/buildingbridges.pdf>

Congressional Committee Chairs have also urged Secretary Leavitt not to prohibit appropriate reimbursement for school-based administrative activities. A July 27, 2007 letter from Senator Kennedy and Representatives Miller and Kildee states Congress is “trying to rectify six years of under-funding of our nation’s schools,” and the proposed cuts would further limit schools’ resources to achieve the administration’s stated goal of ensuring that all children in the U.S. receive the education they need to succeed in life.

Indiana is proud of its unique school-based Medicaid administrative claiming proposal, which recently received praise from CMS central and regional office reviewers who said they hope to hold it out as a model for other states. Indiana looks forward to demonstrating that school-based administrative claiming can be conducted appropriately, as intended by Congress, and within the limitations established by the Administration. Matching funds claimed by Indiana schools will be used to support expansion and ongoing sustainability of school-based clinics operated by a local non-profit that relies on grant funds and donated resources from local health care and charitable foundation partners. Why are schools willing to donate their federal Medicaid administrative match dollars for this purpose? Because schools recognize that health care access for students is fundamental to academic success.

In its 2003 Medicaid School-based Administrative Claiming Guide, CMS itself confirmed that “the school setting provides a unique opportunity to enroll... and to assist” Medicaid-eligible children “access the benefits available to them.” In the Introduction to the Guide, CMS acknowledges, “Contemporary schools are engaged in a variety of activities” to carry out their mission to “help ensure that students come to school healthy...ready to learn [and ready to] benefit from instructional services.”

Schools and communities across the U.S. are highly invested in helping students achieve to their fullest potential. We urge the Centers for Medicare and Medicaid Services to continue investing federal matching funds in efficient and effective school-based Medicaid administrative activities and state plan-covered transportation services.

Submitter : Mr. Dennis Piendak

Date: 10/29/2007

Organization : Town of Dracut

Category : Local Government

Issue Areas/Comments

GENERAL

GENERAL

Medicaid reimbursements for costs associated with school transportation and administration is only a small portion of the total cost for providing medical services to the children in need.

The reimbursement the Town of Dracut receives is approximately \$175,000 per year; the school department budget will suffer with the loss of this revenue. As our School Business Manager has noted; Medicaid is a good and valuable program that benefits many children, the elimination of this program will have an effect on the overall education program in the Town of Dracut. The Town of Dracut is opposed to this change.

Submitter : Mr. Michael Watkins
Organization : Santa Cruz County Office of Education
Category : Local Government

Date: 10/29/2007

Issue Areas/Comments

GENERAL

GENERAL

The Santa Cruz County Board of Education passed the attached Board Resolution.
See Attachment

CMS-2287-P-443-Attach-1.TXT

SANTA CRUZ COUNTY BOARD OF EDUCATION

RESOLUTION NO. 07-10

**OPPOSITION TO U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
Rule CMS-2287**

WHEREAS, U.S. Department of Health and Human Services has published a proposed rule (CMS-2287-P) which would stop school districts from receiving federal reimbursement for an estimated \$3.6 billion over five years in Medicaid services provided to children with disabilities, and

WHEREAS, this action would reduce the availability of and access to needed health and developmental services for students with Individual Education Plans (IEPs) and other low-income children with special needs, for whom school is their primary site for healthcare delivery, and

WHEREAS, schools rely on these reimbursements for a variety of purposes such as counseling, nurse services, transporting children to school for their medical appointments, identifying students who need screenings and evaluations, and connecting children and their families with other needed services in their community, and

WHEREAS, the loss of these resources will certainly mean children in urgent need of medical and dental care services will not receive the necessary care in an appropriate medical setting, in a timely fashion in order to avoid unnecessary suffering and/or the cost of providing emergency services in a more expensive setting, and

WHEREAS, many of these services are mandated under the Individuals with Disabilities Education Act (IDEA) law, therefore this action would substantially increase the burden on already financially-strapped local school districts and county offices of education and, as a result, could impact students in regular education programs as well through cuts to electives, after-school activities, arts and music programs, and/or reductions in teachers and support positions.

NOW THEREFORE, BE IT IS RESOLVED, that the Santa Cruz County Board of Education hereby proclaims its opposition to the publication of this rule as such action is necessary in order to protect schools' ability to provide children with the health services that they deserve.

ADOPTED, at a regular meeting of the Santa Cruz County Board of Education on the 18th day of October 2007, by the following vote:

- Ayes: Bryant, Dilles, Levine, Mann, Maxwell, Sales, Sanford
- Noes: None
- Abstain: None
- Absent: None

(signed)

Mary Bryant, President
Santa Cruz County Board of Education

(signed)

Michael C. Watkins, Secretary
Santa Cruz County Board of Education

Submitter : Shelly Viramontez
Organization : Campbell Union School District
Category : Academic

Date: 10/29/2007

Issue Areas/Comments

GENERAL

GENERAL

This reimbursement process has been critical in our ability to help our families find free or affordable health care. Since we have been involved in these efforts, we have been able to get 30 families signed up for health care. Healthy children are able to learn more readily and attend school at higher rates than unhealthy children. Please do not take away our support for reaching out to our neediest families.

Submitter : Miss. Janice Yamamoto

Date: 10/29/2007

Organization : Saratoga Union School District

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

The MAA funding has been critical in providing necessary materials, equipment, and training to support special education students. Many of our students with the most severe needs have greatly benefited from Santa Clara County Office of Education's participation in this program. Many of the students are non-verbal and have need for Augmentative/alternative communication materials and equipment. Many of our students with Autism now have a way of communicating by the use of voice output devices. Students with motor needs have also benefited from an increase in equipment and materials to support their motor and sensory needs. Our students are also better served as we are more able to provide training for our service providers. The funding through MAA has greatly increased the ability for school districts and counties to meet the ever increasing needs of the special education population.

Submitter : Mrs. Linda Hogoboom
Organization : Lucia Mar Unified School District
Category : Nurse

Date: 10/29/2007

Issue Areas/Comments

GENERAL

GENERAL

I am a school nurse in California and I strongly oppose CMS 2287-P. Our district uses MAA funds for critical health and social services. None of the funds go into the general fund, it is completely dedicated to health services. Currently our funds provide Mental health therapists, Drug and alcohol counselors and MFT interns. It also supports 3 family resource centers, paying the rent and the salaries of the site coordinators and bilingual staff. On an annual basis, over 800 children receive counseling services and over 1,000 families are connected to needed health and human services through the family resource centers. With the recent vcto of the SCHIP funding, we anticipate even more families requiring assistance. please do not move foward with CMS 2287 - Stop CMS 2287 now.

Submitter : Mrs. Georgene Lowe

Date: 10/29/2007

Organization : Santa Barbara County Education Office Health Link

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

Santa Barbara County has the dubious distinction of having the second highest percentage of uninsured children in the State of California. Over 14% of children 0-19 do not have Health Insurance it is estimated that at least 9% of these children are eligible for State and Federal subsidized Health Insurance programs. In response to this the Health Linkages Program under the direction of the Santa Barbara County Education Office has been working with school districts to identify and enroll children in Medi Cal, Healthy Families and the Santa Barbara Countys Healthy Kids insurance products. In addition we are providing families with information about how to access health care for their children and assist them in re-enrolling in order to retain their health insurance coverage. We are opposed to CMS-2287-P since the Medicaid reimbursements for the school-based MAA program has allowed us to leverage dollars from private foundations and public grants for the last five years. Without these dollars we would need to cut staffing by 35% which would result in children not getting coverage and not being able to access needed health care services.

Submitter : Lynn Little

Date: 10/29/2007

Organization : Lynn Little

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

888

Submitter :

Date: 10/29/2007

Organization :

Category : Individual

Issue Areas/Comments

GENERAL

GENERAL

Dear Secretary Leavitt:

I am writing to respectfully urge you to stop implementation of CMS-2287-P. The revenue the program generates enables school districts to continue identifying children for Medi-Cal and connecting them to the appropriate health services in school and in our community. I feel the program works best by contacting the students through the school system. Please continue the SMAA to ensure proper awareness of the Medi-Cal program. We all know that healthy children learn better. Let's keep this program alive to continue the goal of educating children at the best of their mental ability. The state's economic survival is linked directly to how well we educate our children for the future. Let's do this for the students, their families and for the economic possibilities of our wonderful state of California.

Submitter : Dr. Cecilia Massetti
Organization : Madera County Office of Education
Category : Academic

Date: 10/29/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-2287-P-450-Attach-1.DOC

October 29, 2007

Centers for Medicare & Medicaid Services,
Department of Health and Human Services,
Attention: CMS-2287-P
Mail Stop S3-14-22
7500 Security Blvd.
Baltimore, MD 21244

To Whom It May Concern:

As the Associate Superintendent of Madera County Office of Education, I am submitting the following comments in opposition to the Centers for Medicare and Medicaid Services (CMS) proposed rule (CMS-2287-P) restricting local educational agency eligibility for Medicaid funding, published in the Federal Register on September 7, 2007. This rule would effectively eliminate federal reimbursement under the Medicaid program for the costs associated with school personnel who perform specified administrative activities, such as Medicaid outreach and referral, and monitoring of medical services. The proposed rule would also eliminate reimbursement for many of the transportation services required for special education students.

Schools serve as a gateway to health care for some of the State's most vulnerable residents – special education students and children in families whose circumstances have limited their access to health care. School districts across California assist their county Medicaid administrative agencies in distributing information about the California program and other available services to individuals within our population that would otherwise not receive this much needed care. This regulation will eliminate federal support for and only serve to reduce school efforts to bring health services to medically compromised children.

Specifically the loss of these funds for our schools would eliminate health aides for medically fragile students in our programs. The health aides provide medical services on a daily basis for students to be able to leave their homes and attend school. Medicaid reimbursements allow us to purchase travel vouchers for pregnant teens to attend a program designed to assist them in completing high school and where they are learning to care and nurture their children. These funds assist with the costs of child care so pregnant and parenting teens can stay in school and graduate.

Medicaid reimbursements have funded a program in our county called “Extra Special Parents.” Advocates provide parents assistance to connect their school age children to multi agency resources and services for disabled students. Families will be without linked services and students will not be in school if the Medicaid funds for this program are eliminated. The program will cease to exist.

The main reason cited by CMS for these restrictive regulatory changes is concern to ensure that school-based administrative expenditures are recognized and claimed properly, consistent with Federal law. California was one of the first states to adopt new guidelines issued for this program in the *2003 CMS Medicaid School-Based Administrative Claiming Guide*.

California does not support a program where waste, fraud, and abuse could occur. We have made excellent progress in complying with the requirements of the *2003 Guide*, and have implemented policies and procedures statewide that institute systemic controls designed to detect and limit non-compliant activities. Implementing CMS-2287 is an ill conceived “fix” that will only set back our efforts to ensure that all children come to school healthy and ready to learn.

Thank you for your consideration of my comments on this important issue.

Sincerely,

Cecilia Massetti, Ed.D.
Associate Superintendent
Student Programs and Services

Submitter : Lynn Nelson
Organization : Educational Service District 113
Category : Nurse

Date: 10/29/2007

Issue Areas/Comments

GENERAL

GENERAL

I am a nurse by training, with a graduate degree in Leadership and Health Care Policy. I currently work in education, and have for the past 5 years served as program director for two separate programs, one that places school nurses in small rural school districts and one that places community resource coordinators in the same type of district, with the purpose of decreasing non-academic barriers to learning. In both programs, because of the rural and geographically isolated districts my staff work in, and because of the demographics of the populations we serve, connecting kids and families with both children's insurance and providers is an extremely important part of the work we do. The small amount of funding that is provided to these programs by Medicaid School Administrative Match literally allows my staff to have enough hours to do that work. Losing this funding would result in a direct corresponding loss of staff hours in communities that do not have any other service providers doing this work. To assume that the work is being done by public health, or the "local" CSO is a mistake. Please reconsider this proposed elimination, which in the 5 county area of Washington State that my programs serve would result in a very real loss of needed services to kids!

Thank You

Lynn Nelson, RN, MSN, NCSN
Program Director, ESD 113
School Nurse Corps and Readiness to Learn
601 McPhee Road SW
Olympia WA 98502

lnelson@esd113.k12.wa.us

Submitter : Marcia Osterman

Date: 10/29/2007

Organization : Tewksbury

Category : Nurse

Issue Areas/Comments

GENERAL

GENERAL

The school districts reimbursements are so necessary for the provision of school nursing services. There has been a significant increase in the number of students who are without health insurance and that required skilled nursing procedures assessments and health planning and education. Without the services of the school nurses we have 7 students with diabetes who did not even know how to test their blood sugars, administer their insulin and understand the importance of adherence to the medical regime prescribed. We are the advocates with the primary care provider and the specialists managing the care. Through parents reporting there has been an increase in students receiving MAAss health and no designated primary care provider. The school nurses have provided linkages to these community providers. In the long run the linkage with the primary care provider will reduce the costs of care in the long run. Linkages at the high school level have been made for birth control information and treatment. Please continue these reimbursements to schools. The medical services provided by school nursing services are for the most vulnerable of the population-children who are unable to advocate for themselves

Submitter : Mr. Paul Johnson
Organization : City College of San Francisco
Category : Academic

Date: 10/30/2007

Issue Areas/Comments

GENERAL

GENERAL

As the Department Chair of the Disabled Students Programs and Services at City College of San Francisco, I would like to comment on the importance of the MAA Program to our students and their family members especially their minor children. As you are probably aware, disability and low income tend to be tied together. Making students with disabilities aware of Medi-Cal resources is very important in helping them to maintain a healthy lifestyle and deal with medical problems that might otherwise derail their educational plans.

I urge you not to eliminate the MAA for the following reasons:

- " The MAA program is an efficient way of reaching the target audience where they are already involved as opposed to having to go somewhere else to get information.
- " Students come to our counselors for information when they are dealing with issues, oftentimes medical, that impede their educational process so we are ideally situated to disseminate information.
- " In our institution with its multiple campuses in local neighborhoods, we are ideally situated to disseminate information across cultural and ethnic barriers.
- " The program helps to insure adequate medical care for disabled students and their families who are often low income and uninsured.
- " The program helps become aware of Medi-Cal services available through our Student Health Center.
- " MAA helps insure that students with disabilities, many of whom have impaired immune systems, receive necessary vaccinations

Among other things needed for success in college, adequate medical services such as hospital and emergency room care, doctor s visits, vision care, prescription drugs, mental health and other services are vital to students with disabilities (as well a to all students). The MAA Program makes students aware that these services are often available through Medi-Cal for them and the minor children. For theses reasons I urge you to continue the MAA program.

Sincerely,

Paul L. Johnson
Department Chair
Disabled Students Programs and Services
City College of San Francisco
50 Phelan Avenue, R323
San Francisco, CA 94112

Home address:
643 Webster Street, Apt. 5
San Francisco, CA 94117

Submitter : Mrs. Debra Johnson
Organization : Alvord Unified School District
Category : Individual

Date: 10/30/2007

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-2287-P-454-Attach-1.DOC

October 30, 2007

To Whom It May Concern:

I am opposed to CMS-2287-P, as it's bad policy, and could result in *increased* costs through missed opportunities to get kids covered by health insurance and connected to services they need before health issues become catastrophic.

As an Assistant Principal, I refer children everyday to much needed health and dental services. As everyone knows, an unhealthy child can't learn. How can we help kids learn, if they're missing vital medical and dental health services?

Please help our nation's children, by joining me in opposition of CMS-2287-P.

Sincerely,

Debra L. Johnson
Assistant Principal
Lake Hills and McAuliffe Elementary

Submitter : Mrs. Cecile Johnson
Organization : Alvord Unified School District
Category : Academic

Date: 10/30/2007

Issue Areas/Comments

GENERAL

GENERAL

I am strongly opposed to CMS-2287-P. As a former elementary school secretary, I have personal experience with the benefit of providing medical information for a student that possibly saved his life.

A 5th grade student came into my office for a non medical situation, but as I and my clerk spoke with him, we observed that he had an apparent swelling on one side of his neck. We called his mom and encouraged her to seek medical attention for her son. He was diagnosed with Hodgkin's Disease and was out for an entire school year for medical treatment. During his treatment, the school was in constant contact with the student and parents, not just for his academic success, but as an emotional support.

If a caring school environment had not intervened, he might not have been diagnosed and treated! School employees do much more than just educate the students. With today's working parents, the schools are much more involved in every aspect of student's lives.

I strongly oppose CMS-2287-P because I can personally testify that today's schools are a primary source of support for today's students and their parents. Not just educationally but physically and emotionally!

Thank you for your serious consideration of this comment.

Submitter : Dr. Nicholas Young
Organization : Hadley Public Schools
Category : Local Government

Date: 10/30/2007

Issue Areas/Comments

GENERAL

GENERAL

On behalf of the Hadley Public Schools located in Hadley, MA, I would like to underscore how important Medicaid reimbursements are to the district. We spend a considerable amount of time orchestrating and administering our Medicaid program, time that should continue to be reimbursed. We appreciate your continued support of this position.

Submitter : Dr. Sally Frazier
Organization : Madera County Superintendent of Schools
Category : Academic
Issue Areas/Comments

Date: 10/30/2007

GENERAL

GENERAL

Re: CMS-2287-P. Please see attachment.

CMS-2287-P-457-Attach-1.DOC

October 29, 2007

Reference: File code CMS-2287-P.

Subject: SCHIP Bill

As Madera County Superintendent of Schools I am submitting the following comments in opposition to the Centers for Medicare and Medicaid Services (CMS) proposed rule (CMS-2287-P) restricting local educational agency eligibility for Medicaid funding, published in the Federal Register on September 7, 2007. This rule would effectively eliminate federal reimbursement under the Medicaid program for the costs associated with school personnel who perform specified administrative activities, such as Medicaid outreach and referral, and monitoring of medical services. The proposed rule would also eliminate reimbursement for many of the transportation services required for special education students.

Schools serve as a gateway to health care for some of the State's most vulnerable residents – special education students and children in families whose circumstances have limited their access to health care. School districts across California assist their county Medicaid administrative agencies in distributing information about the California program and other available services to individuals within our population that would otherwise not receive this much needed care. This regulation will eliminate federal support for and only serve to reduce school efforts to bring health services to medically compromised children.

The financial impact of this regulation on small and urban California schools will be dramatic. While the \$103 million in federal Medicaid reimbursements for services provided by California school districts is considered modest compared to the overall federal Medicaid budget, it is critical funding for school districts that are committed to improving health care access for their students. These funds have been a vital source of support for schools that have hired additional school nurses or health aides, supported expanded outreach activities or developed school-linked medical services for high-risk populations.

The main reason cited by CMS for these restrictive regulatory changes is concern to ensure that school-based administrative expenditures are recognized and claimed properly, consistent with Federal law. California was one of the first states to adopt new guidelines issued for this program in the *2003 CMS Medicaid School-Based Administrative Claiming Guide*. The California School-Based Medi-Cal Administrative Activities (MAA) program has been implemented in a comprehensive and systematic

manner consistent with these guidelines, with required oversight at multiple levels. To my knowledge, there have been no published audit findings to gauge state compliance with these 2003 guidelines, yet these restrictive regulations are proposed to stem alleged widespread “waste, fraud and abuse.”

California does not support a program where waste, fraud and abuse could occur. We have made excellent progress in complying with the requirements of the *2003 Guide*, and have implemented policies and procedures statewide that institute systemic controls designed to detect and limit non-compliant activities. Implementing CMS-2287 is an ill conceived “fix” that will only set back our efforts to ensure that all children come to school healthy and ready to learn.

Thank you for your consideration of my comments on this important issue.

Sincerely,

Sally L. Frazier

Sally L. Frazier, Ed.D.
Madera County Superintendent of Schools

SLF/nlb

Submitter : Mrs. Lori Copeland

Date: 10/30/2007

Organization : Alvord Unified School District

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

I am opposed to CMS-2287-P. It may result in increased costs through missed opportunities to get kids covered by health insurance and connected to services they need before health issues become catastrophic. The Public Schools are the primary contact for referral of families on a wide range of services including those covered by the Medicaid program.

In the area of specialized transportation, the cost of providing specialized, handicap accessible transportation is significantly more expensive than transportation provided to regular education students. In addition, some students with disabilities are not always able to attend their neighborhood schools because the program that fits their needs may not be available nearby. This also creates significant fiscal impact on schools.

Submitter : Barry Branaugh

Date: 10/30/2007

Organization : Redmond (OR) School District

Category : Congressional

Issue Areas/Comments

GENERAL

GENERAL

To eliminate this reimbursement would be catastrophic. We have so many low income students that depend on these services we must have them continued. A student doesn't have the ability to learn as well when he or she can't even access basic necessities. Please do not eliminate this valuable service and the funding it takes to make it happen.

Submitter : Mrs. Aimee Daez
Organization : Long Beach Unified School District
Category : Individual

Date: 10/30/2007

Issue Areas/Comments

GENERAL

GENERAL

We are even more concerned about the impact of this proposed rule on the capacity of State Medicaid agencies to administer their programs most efficiently. The CMS 2003 Medicaid School-Based Administrative Claiming Guide has as one of its purposes to promote the flexibility afforded at the state/local level in the implementation of the Medicaid program.

Ending federal reimbursement for this program limits State flexibility. It also creates a larger federal role in the administration of a States Medicaid program than was legislatively intended.